https://encrypted-tbn1.google.com/images?q=tbn:ANd9GcQsEgscO6bHhuoYAH98pUl4XrFRBIBhKoDku1wHOjjcUCTDemsl3w

**ESA Accreditation Quality Assurance Review Visit Date Request Form  
Please complete and send to Warren Jacobson (wjacobson@advanc-ed.org).**

The Quality Assurance Review to your district will last three days. The visit typically begins on a Monday and concludes on a Wednesday. The team meets on Sunday afternoon to conduct a team orientation.

ESA Name: Educational Service Unit #17

Address: 207 N Main St

City/State/Zip: Ainsworth/Nebraska/69210

Contact Person: Dennis Radford

Phone Number: 402 387 1420 Fax Number: 402 387 1028

E-mail: dradford@esu17.org

Number of Districts Served by the ESA: 5

Number of Agency Operated Schools: 0

**Preferred Dates:**  
Please identify your three preferred dates for hosting th e Quality Assurance Review team.

First Choice: April 1

Second Choice: April 1

Third Choice: April 1

* **Please check all that describe your ESA and identify any demographic, background, or special expertise that you would like to have on your team.**

|  |  |
| --- | --- |
| * Urban ESA * Rural ESA * Diverse Student and Community Populations | * Other Descriptions and/or Demographic, Background, or Special Expertise Requests  *(Please Specify):* |